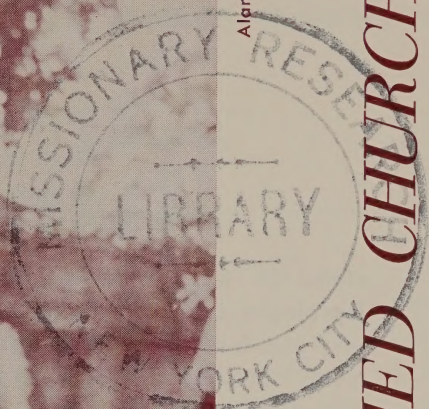


MAR 13 1957

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Alan Shilin



Ministry to the victims of leprosy
EVANGELICAL AND REFORMED CHURCH
OF THE BRETHREN



"The Key to Leprosy is the Child"

states Dr. Robert G. Cochrane, world renowned leprologist and medical advisor to American Leprosy Missions, Inc. Most cases of leprosy are contracted in childhood, though the disease may not become apparent till later.

"If all little *children* could be separated from their infected parents, the disease could be brought under control by that means alone in due time," adds Doctor Cochrane. The separation of babies at birth from the source of contagion is an almost 100% guarantee against contagion.

Children are not only more susceptible than are adults but also are more responsive to treatment. If treated early, they may be saved entirely from the terrible deformities that plague leprosy sufferers.

These facts have brought about a change of emphasis in leprosy work. American Leprosy Missions, Inc. is helping with the care of over 2,000 uninfected *children*. Also great stress is given to early detection of the disease.

"Suffer the little *children* to come unto me, and forbid them not, for of such is the kingdom of heaven." Matt. 19:14.

Evangelical and Reformed Church

India

Number of Leprosy Colonies	85
Population	361,900,000
Leprosy Cases (estimated)	1,700,000

Chandkhuri The yellow jeep pick-up truck pulled up by the side of the Arpa river and out poured the children, seventeen of them, to wade in the cool water and splash it on their hot faces to wash off the long journey's dust. Only little Mutthu, the shy one, held back.

"Let's go," the driver sang out. "Only six miles to Chandkhuri. Everyone hop in."

Mutthu crouched back in a corner of the truck, feeling bewildered and a little scared. He wondered what his new home would be like. A furtive tear made a crooked path down his dust-begrimed cheek. Then he thought of his older brother, Munna, who would be at Chandkhuri to meet him and his face brightened.

This transfer of healthy children from Champa, the Mennonite hospital-community, to Chandkhuri, 75 miles away, long noted for its fine children's nursery and schools, inevitably brought a few tears in the beginning, but it was a part of the new program to give the best possible care to children who must be protected from Hansen's disease as well as those suffering from it. Upon completion of the transfer, which is taking place gradually over a period of years, all the sick children will be cared for at Champa while Chandkhuri, called A Haven of Hope by its patients, will be just that for some hundred healthy children.

As the truck drew up before the white buildings of Chandkhuri, the six boys who had been transferred from Champa the year before were among the group waiting to greet the newcomers. And there was Mutthu's brother Munna. Tears forgotten, the little boy proudly clutched his older brother's hand as the children were taken into a lovely, cool room and given tea and muffins before being shown to their new quarters.

A short distance from the patient's compound, the children's com-

munity was enclosed by a high white wall. Inside were three large dormitories and two smaller ones surrounding a large area of playgrounds and gardens.

As the days passed and little Mutthu made new friends among the 85 children there, attended classes in the school, watched the Boy Scout troops drill, he began to realize that he was really and truly a member of this large family, that he was wanted, loved and protected. And he was happy.

Chandkhuri had its beginnings in 1897. During a severe famine period many starving people came to the small Evangelical and Reformed mission station at Baitalpur for food and shelter. Among them were seven victims of Hansen's disease who could not return to their homes when the famine was over because they had no homes. On a little plot of land near the mission a few mud huts with thatched roofs were built for these unfortunate people who had been cast out by family and friends, and they received medical attention for the first time in their lives.

Now Chandkhuri is one of the finest agricultural and industrial communities for Hansen's disease in all India. On its 100 acres of grassy and fertile land are many white-washed, red-tiled buildings: cottages for married couples, dormitories, dairy buildings, shops, an electric plant, a hospital with operating rooms and laboratories, a school and the children's quarters. Vital core of community life is the imposing white church where a congregation of almost 300 Christians worship.

The able-bodied among Chandkhuri's 700 patients work industriously on the farms and the dairy and in the community's industries. They learn weaving, carpentry and many kinds of arts and crafts. Musicians and singers provide entertainment on gala occasions.

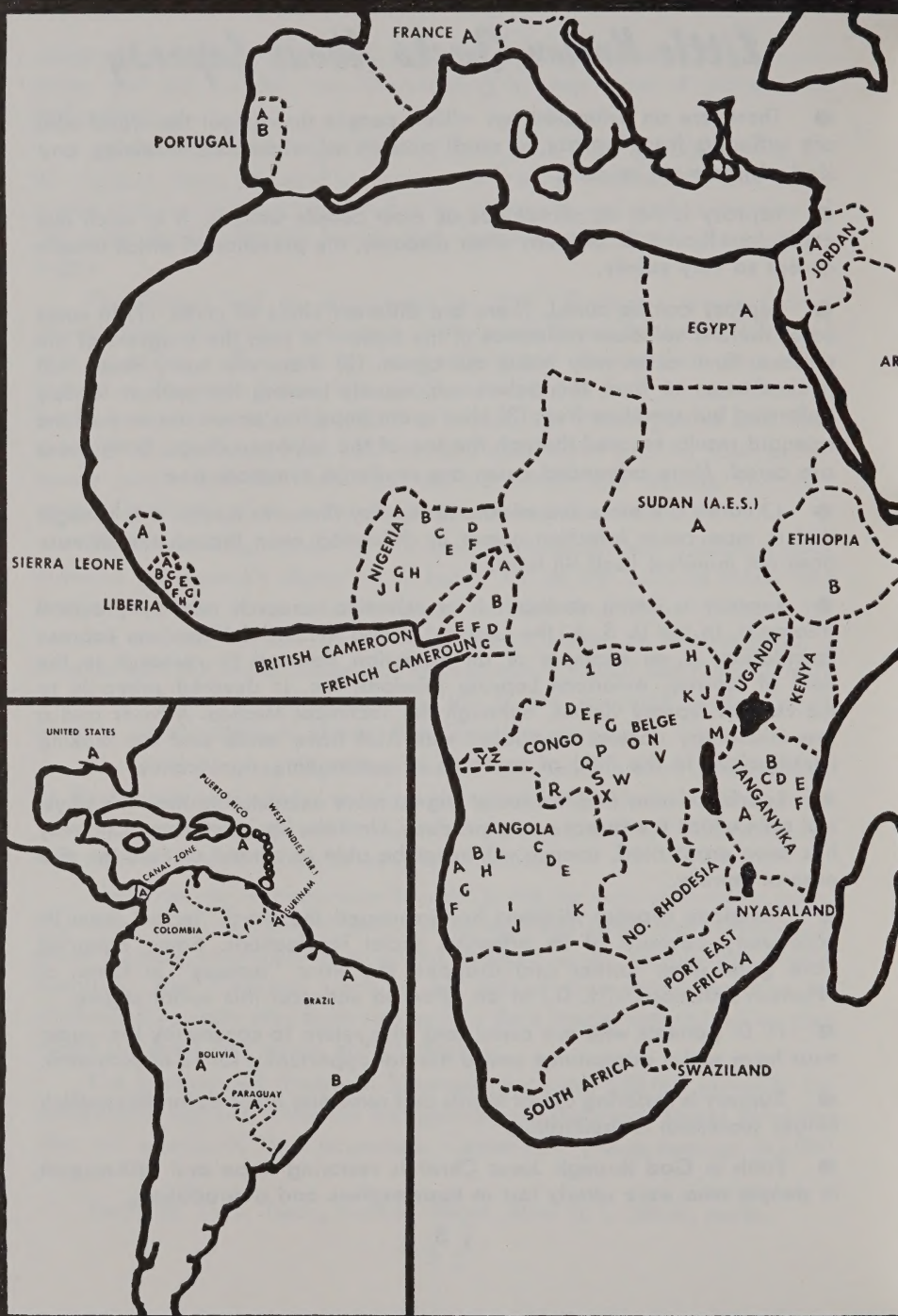
The influence of the mission hospital is felt far beyond its white gates. For many years its medical and nursing staff has conducted surveys and given periodic examinations to school children in the surrounding neighborhood. And Christian teaching has spread throughout the area by discharged patients who have returned to their homes determined to give others the hope they found at Chandkhuri.

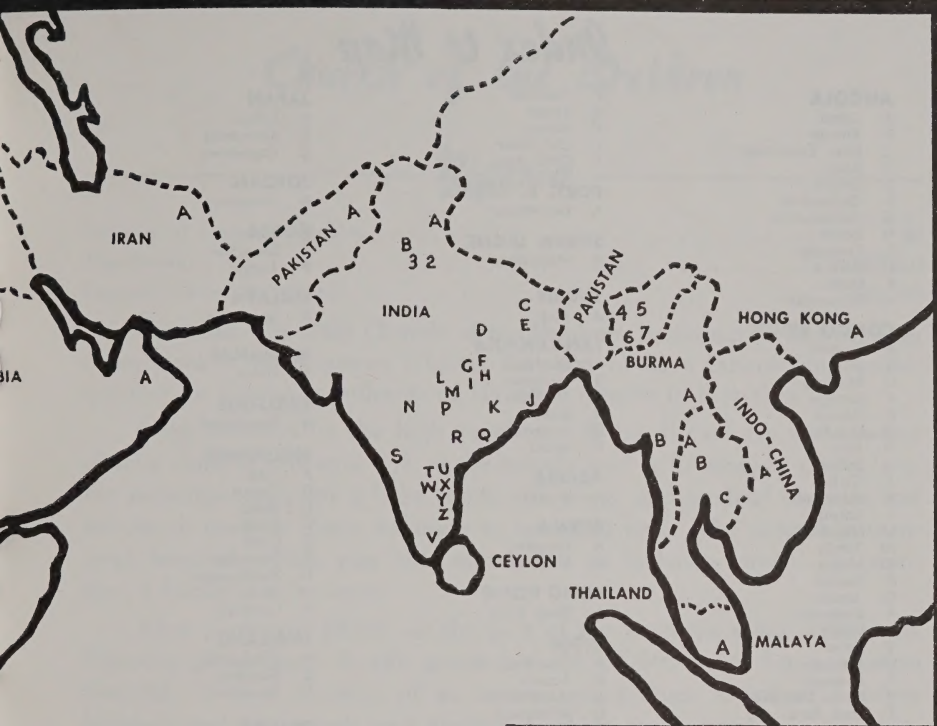
The London and American Missions give some \$22,000 annually for the colony's support, while the Evangelical and Reformed Board gives the time and salaries of its missionaries. Government grants average \$12,000 a year.

Staff: Dr. D. V. Isaac, medical officer; Miss D. L. Block, nurse.

Little Known Facts About Leprosy

- There are an estimated ten million people throughout the world who are suffering from leprosy, a small percent of whom are receiving any kind of treatment or care.
- Leprosy is not as contagious as most people believe. It is much less contagious than T. B. or many other diseases, the presence of which people accept so very calmly.
- Leprosy can be cured. There are different kinds of cures. (1) In some cases there is sufficient resistance in the patient to stop the progress of the disease. Such cases may break out again. (2) There are many cases that in time seem to burn themselves out, usually leaving the patient terribly deformed but symptom-free. (3) Now great hope has arisen because of the splendid results secured through the use of the sulphone drugs. Early cases are cured. More advanced cases are rendered symptom-free.
- Children are more susceptible to leprosy than are adults. It is thought that in most cases infection comes in childhood even though the disease does not manifest itself till later.
- Leprosy is being combatted by scientific research and by practical treatment. In the U. S. A. the Leonard Wood Memorial (American Leprosy Foundation) is an example of an institution devoted to research in the field of leprosy. American Leprosy Missions, Inc. is devoted primarily to the care of leprosy victims, although the Technical Medical Advisor and a few missionary doctors associated with ALM have made and are making contributions in the field of research of outstanding significance.
- Leprosy victims find the social stigma more excruciating than the physical pain which the disease may produce. Until the social stigma of leprosy has been eradicated, science will never be able to control or cure the disease of leprosy.
- American Leprosy Missions has expunged the word "leper" from its vocabulary because of its offensive social implications. Some agencies have gone even farther and dropped the word "leprosy" in favor of "Hansen's Disease" (H. D.) in an effort to undercut this social stigma.
- H. D. patients who are cured and who return to community life again must have social acceptance and a normal opportunity for re-employment.
- Surgery is restoring use of hands and removing other deformities which hinder successful rehabilitation.
- Faith in God through Jesus Christ is restoring hope and self-respect in people who were utterly lost in hopelessness and degradation.





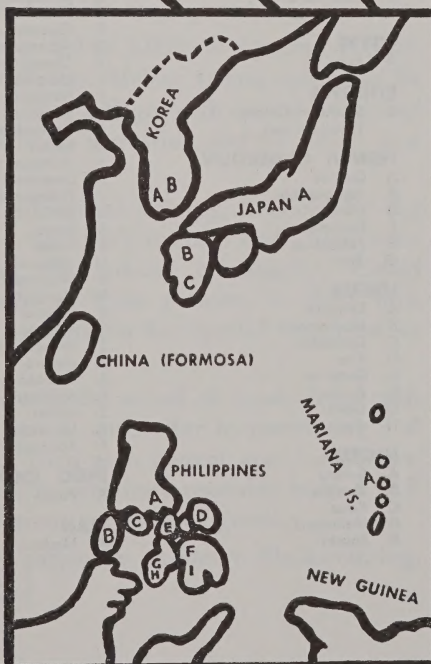
STATIONS NAMED IN THIS BOOKLET

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Church of the Brethren

Nigeria

Number of Leprosy Colonies	30
Population	24,000,000
Leprosy Cases (estimated)	500,000

Garkida In 1929 Church of the Brethren missionaries launched an experiment in northeastern Nigeria that was to have far-reaching consequences for the many sufferers of Hansen's disease in that area.

Long troubled by the high incidence of the disease (in the mission district alone it was over 3% of the population) a missionary doctor and his assistants equipped a Ford truck with drugs and medical supplies and set out to treat as many sufferers as he could find. The nearest government hospital, which was little more than an isolation camp, was more than a hundred miles away.

After persistent efforts on the part of the Brethren missionaries, the Nigerian government finally granted a site of 500 acres for a mission hospital. With a promise of an annual grant from American Leprosy Missions and 50 patients as a nucleus, Garkida was opened.

Now the 500 acres have been expanded to 3,000; the patient population to almost 1,700. More than 42 different African tribes, each with its own dialect and customs, live together in ten villages with common farming lands, a single government, central school, recreation and worship. And tribal friction is virtually non-existent.

During the last two years four additional villages, financed by the Nigerian government, but directed by Garkida's medical staff, have been established in the area surrounding the mission community. Called preventive villages, they are designed to treat patients in their own homes, with only serious cases sent to Garkida for special treatment or hospitalization.

A typical day at Garkida begins with the sound of music from each of the ten village chapels, where the people gather for hymn singing and prayer before the day's work begins. Then each patient goes to his own job. Some work in the food stores which sometimes resemble busy A & P super-markets, there are so many different varieties of goods.

Others man the workshops where carpentry, masonry, blacksmithing,

tailoring and leatherwork are taught and products sold. Still others work in the big electric plant and the grain mill.

Every able-bodied man works an allotted period of time on the central community farm which feeds all those unable to support themselves, and also gives time to his own village farm.

Children rush off to one of the best schools in that part of Nigeria; nurses go to the large, modern, well-equipped hospital where the missionary staff is assisted by a corps of 75 medical workers, all patients.

Housewives clean their neat cottages, prepare food, work in the gardens, and often in the afternoons, attend their Women's Club meetings, Bible classes and literacy sessions.

The entire settlement is governed and policed by the patients themselves through their police force, their court and their council of elders.

The evangelizing influence of Garkida in surrounding areas is constantly widening. All members of the church are trained to take the Christian message and life back to their own people when they are discharged. And to those patients who wish to become ordained ministers a pastors' training class gives an intensive two-year course under a seminary-trained missionary.

One of the outstanding events of 1954 at Garkida was a teaching conference for doctors, nurses and other leprosy workers from Adamawa and Borun Provinces. Conducted by Dr. Robert G. Cochrane, technical medical adviser for American Leprosy Missions, the week-long conference covered the many problems of diagnosis and classification of Hansen's disease and included practical demonstrations in the laboratory and operating theatre.

Though the Nigerian government, recognizing the value of this Christian medical service, is steadily increasing its financial support of Garkida, American Leprosy Missions has given approximately \$154,000 since 1930 for annual maintenance and buildings, \$9,840 in 1954-55.

Staff members: Dr. Roy Pfaltzgraff, medical director; Miss Florence Miller and Miss V. J. Dick, nurses; Mrs. Lucile Heckman, treasurer; and Rev. Ira Petre, religious director.

Thus With Financial Aid and Technical Counseling

AMERICAN LEPROSY MISSIONS, INC. helps the missionaries of the American Churches to care for the victims of leprosy. In this way American Leprosy Missions, Inc. operates as an **AUXILIARY OF ALL BOARDS** enabling medical missionaries and others the world over to care for and often cure people with leprosy.

The hope of healing is now greater than ever before. With healing comes the necessity of rehabilitation, (1) physically, through orthopedic surgery and physiotherapy, (2) vocationally, through training to become self supporting, and (3) spiritually, through faith in Jesus Christ and through fellowship with Christians.

From where will AMERICAN LEPROSY MISSIONS get the money which has been promised to the missionaries for their leprosy work?

Only from the voluntary contributions of people who want to help with this work.

Does AMERICAN LEPROSY MISSIONS receive bequests and annuities?

Yes, write for our leaflets on this subject.

Where may gifts for leprosy work be sent?

To any accredited volunteer representative or to any address on the next page.

"Lord, if thou wilt, thou canst make me clean. And He put forth his hand and touched him saying, I will: be thou clean." Luke 5:12, 13.

EVANGELICAL AND REFORMED CHURCH

There is no more convincing evidence of the Word of Life anywhere than the healing ministry at Chandkhuri-Baitalpur. The Board of International Missions deeply appreciates the financial aid which American Leprosy Missions, Inc., makes available for this great work. Without it, this ministry could hardly be carried on.

THEOPIL H. TWENTE
Associate Secretary,
Board of International Missions,
Evangelical and Reformed Church.

CHURCH OF THE BRETHREN

We gratefully acknowledge the financial aid of American Leprosy Missions, Inc., without which the work here described could not be maintained.

LELAND S. BRUBAKER
Foreign Missions Commission,
General Brotherhood Board,
Church of the Brethren.



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